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Restricted Information

 Transactions > Postage Statement Processing
 Standard Mail - Postage Affixed ▶ Receipt

Today's Date: 10/13/2009

Final																		
3602		POSTAL SERVICE STATEMENT OF MAILING/3607 WEIGHING AND DISPATCH CERTIFICATE																
		TRANS # 200928618144337M1 CAPS TRANS NO: N/A																
Postage Statement: 76080368	Mailer's Job#:	Mailing accepted at: LIVINGSTON BMEU - '59047-4203'																
DIRECT MAIL & COMMUNICATIONS PO BOX 1112 LIVINGSTON MT 59047-1112			FINANCE NUMBER: 295076															
STATION OR UNIT:	LIVINGSTON (0049A)		PERMIT NO: 4															
DATE OF MAILING 10/13/2009	CLASS Standard Mail	PROC CAT Letter	TYPE PC															
WEIGHT OF SINGLE PIECE (LBS) 0.0425	TOTAL PIECES 4840	TOTAL POUNDS 205.7000	Customer Reference ID _____ CAPS Acct No: _____															
MAILED FOR: PERMIT NO. _____ NAME: _____																		
CONTAINERS 16	FULL SERVICE N/A	TOTAL POSTAGE: \$1,127.72																
EEL/PFC:																		
AFFIXED POSTAGE \$1,127.72	NET POSTAGE DUE \$0.00	ADDITIONAL POSTAGE PERMIT	PRICE AT WHICH POSTAGE IS AFFIXED: Correct															
VERIFICATION SUMMARY: <table border="1"> <thead> <tr> <th>Verification</th> <th>Performance Status</th> <th>Disposition</th> <th>Performance Percent</th> <th>Additional Postage</th> </tr> </thead> <tbody> <tr> <td>Manual Barcode</td> <td>Not Performed</td> <td></td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>Manual Presort</td> <td>Performed</td> <td></td> <td>100%</td> <td>\$ 0.00</td> </tr> </tbody> </table>		Verification	Performance Status	Disposition	Performance Percent	Additional Postage	Manual Barcode	Not Performed		N/A	N/A	Manual Presort	Performed		100%	\$ 0.00		
Verification	Performance Status	Disposition	Performance Percent	Additional Postage														
Manual Barcode	Not Performed		N/A	N/A														
Manual Presort	Performed		100%	\$ 0.00														
RE INITIATING EMPLOYEE	RE FINALIZING EMPLOYEE	RECEIVED FOR PROCESSING BY _____																
COMMENTS:																		
mailing has been inspected concerning: (1) eligibility for postage prices claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; and																		



**UNITED STATES
POSTAL SERVICE**

CASS™ Summary Report

This form may be generated as the output of address matching processing using CASS Certified™ software in conjunction with current USPS® address database files. Any facsimile must contain the same information in the same format as the printed form.

See DMM® Section 708 for more information.

A. Software

CASS A1	1. CASS Certified Company Name Universal Resources Group	2. CASS Certified Software Name & Version MyPostageRateSaver, 05.00.00M	3. Configuration STD
	4. Z4Change Certified Company Name	5. Z4Change Certified Software Name & Version	6. Configuration
	7. DirectDPV™ Certified Company Name Universal Resources Group	8. DirectDPV Certified Software Name & Version MyPostageRateSaver, 05.00.00M	9. Configuration STD
	10. eLOT® Certified Company Name Universal Resources Group	11. eLOT Certified Software Name & Version MyPostageRateSaver, 05.00.00M	12. Configuration STD
MASS A2	1. MASS™ Certified Company Name	2. MASS Certified Software Name, Version & Model No.	3. Configuration
			4. MLOCR Serial No.

B. List

1. List Processor's Name DM &C	2. Date List Processed	3. Date of Database Product Used
	a. Master File 10/13/09	a. ZIP + 4® File 09/15/09
	b. Z4Change	b. Z4Change
	c. DirectDPV 10/13/09	c. DirectDPV 09/15/09
	d. eLOT 10/13/09	d. eLOT
	e. CRIS	e. CRIS
4. List Name or ID No. (If using ID No., number must start with ID #) witt 10's.mml	5. Number of Lists ONE	6. Total Records Submitted for Processing 4857

C. Output

Output Rating	1. Total Coded	2. Validation Period	Output Rating	1. Total Coded	2. Validation Period
a. ZIP + 4/DPV Confirmed ▶	4840	From To 10/13/09 04/11/10	d. 5-Digit Coded ▶	4840	From To 10/13/09 10/13/10
b. Z4Change Processed ▶			e. CRRT Coded ▶	4840	From To 10/13/09 01/11/10
c. DirectDPV ▶	4840	From To 10/13/09 04/11/10	f. eLOT Assigned ▶	0	From To 10/13/09 01/11/10

D. Mailer

I certify that the mailing submitted with this form has been coded (as indicated above) using CASS Certified software meeting all of the requirements listed in the DMM Section 708.		3. Name and Address of Mailer DM &C PO Box 1112 Livingston MT 59047
1. Mailer's Signature	2. Date Signed	

E. Qualitative Statistical Summary (QSS)

For Informational Purposes Only: QSS is solely made available for the list processor's review and analysis. This information is not to be considered by the U.S. Postal Service® personnel in determining rate eligibility under any circumstances. See reverse for a detailed explanation.

High Rise Default 4803	High Rise Exact 4833	RR Default 0	RR Exact 0	LACS ^{Link®} 8	EWS 0	Suite ^{Link™} 0
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